

<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: 0.8em; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Axel Thompson</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/528,267</td> <td style="width: 40%; padding: 2px;">Filed 09/17/2003</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For PROTECTION FROM ADVERSE EFFECTS ON THE PROSTATE</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1654</td> <td style="padding: 2px;">Examiner J. Ha</td> </tr> </table>	In re Application of Axel Thompson		Application Number 10/528,267	Filed 09/17/2003	For PROTECTION FROM ADVERSE EFFECTS ON THE PROSTATE		Group Art Unit 1654	Examiner J. Ha
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)	\$ <u>1050</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)	\$ _____

☐ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

<p>_____/Edwin V. Merkel/</p> <p>Signature</p> <p>_____ Edwin V. Merkel</p> <p>Typed or printed name</p>	<p>_____ December 10, 2007</p> <p>Date</p> <p>_____ (585) 263-1128</p> <p>Telephone Number</p>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.
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